

# The Need to Develop Cancer Control Capacity

Cancer accounts for nearly 15% of deaths worldwide and the number of new cancer cases is on the rise. It is estimated that by 2030 over 21 million people will be diagnosed with cancer each year (IARC, Globocan 2008). The majority of these new cases are expected to occur in low and middle income (LMI) countries, where more than 70% of cancer cases are diagnosed too late to be cured. For LMI countries, the growing burden of cancer is a major cause for concern, as cancer early detection, diagnosis, treatment and palliative care services are often unable to meet the increasing demand.

Developing global awareness of the growing cancer crisis and encouraging LMI countries to take a comprehensive approach to cancer control is pivotal for improving cancer survival rates and decreasing cancer mortality. When a country has developed a comprehensive national cancer control programme (NCCP), it has the potential to initiate and coordinate interventions across the cancer control continuum, making cancer control activities more likely to have an impact.



Albania: Mother Teresa Hospital and other health care centres in Albania have recently improved diagnosis confirmation and treatment capabilities with the training of radiologists and radiographers, surgeons, pathologists, medical oncologists, breast cancer specialists and radiation oncologists. Training for some of these medical professionals was conducted at the Aviano National Cancer Institute in Italy, with funding provided by the OPEC Fund for International Development (OFID) through IAEA/PACT.



**United Republic of Tanzania:** Considering that around 80% of cancer patients in Tanzania are diagnosed with advanced disease, palliative care is a critical component of cancer control. In this respect, PACT secured over US \$150 000 from OFID to expand palliative care services at the Ocean Road Cancer Institute in Dar es Salaam.

# **PACT Model Demonstration Sites**

To place cancer on the global health agenda and support LMI countries in attracting new resources for cancer control, PACT, together with the World Health Organization (WHO), launched an initiative designed to demonstrate the advantages of systematic, cross-sector collaboration for capacity building. This initiative identifies LMI Member States as PACT Model Demonstration Sites (PMDSs); focal points for promoting innovative, suitable and sustainable approaches to national cancer control.

PMDS national health authorities are supported in mobilizing resources for the design, planning and implementation of cancer control programmes. The focus of these efforts is to build capacity for the long term sustainability of relevant services through timely, planned and balanced investments. By creating these enabling conditions for cancer control development, it is anticipated that PMDS countries will benefit from improved cancer control outcomes.

#### **National Cancer Control Programmes**

The WHO defines an NCCP as "a public health programme designed to reduce cancer incidence and mortality and improve quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, and palliation, making the best use of available resources."

## **PMDS Objectives**

Through the PMDS initiative, countries are expected to focus on achieving the following outcomes, based upon their respective national priorities:

- Demonstrate a positive change in national cancer control planning and implementation by establishing a National Cancer Control Steering Committee;
- Develop and endorse an NCCP and a ten-year action plan for implementation;
- Increase awareness on cancer prevention and early detection;
- Expand the cancer control workforce;
- Expand and integrate the use of radiation medicine for cancer diagnosis and treatment within the NCCP;
- Deliver holistic palliative care;
- Formulate policy and enhance donor and public awareness to target fundraising efforts for cancer control implementation.



Since 2006, over US \$18 million has been mobilized through PACT for the eight PMDSs. This funding has been used for advocacy, cancer control capacity building (training of cancer control health professionals and sponsorship of participation in international events), provision of four radiotherapy units and implementation of expert missions.



#### **Country Collaboration**

Success in PMDS relies on the Member State's commitment to fight cancer and coordination among the national health authorities and with the various partners involved (IAEA, WHO and their partners). As part of the assistance provided to a PMDS in its efforts to plan and implement an effective NCCP, the IAEA and its partners may (a) identify potential donors for project funding and assist in the mobilization of resources, (b) provide technical expertise based upon their respective mandates and (c) conduct follow-up missions to monitor the progress of cancer control activities.

#### **PMDS Locations**

To date, eight IAEA Member States are participating as PMDS, namely **Albania**, **Ghana**, **Mongolia**, **Nicaragua**, **Sri Lanka**, **The United Republic of Tanzania**, **Vietnam** and **Yemen**.



The first six PMDSs were selected by the IAEA and WHO and their partners to represent the six geographic regions of the WHO. Criteria have then been devised to assess the new requests by IAEA Member States to become a PMDS:

- The Member State is classified as an LMI country according to the World Bank classification;
- The relevant national authorities have formally agreed to the Member State being selected as a PMDS and are committed to the implementation of a comprehensive cancer plan;
- An operational cancer centre already exists and the IAEA has positively assessed the Member State's ability to become a PMDS by applying the relevant radiation medicine and radiation safety evaluation and/or audit processes, as well as implementing an integrated mission of PACT (imPACT);
- The Member State is considered a high priority for the provision of joint WHO/IAEA support, according to WHO criteria;
- The Steering Committee of the Joint WHO/IAEA Programme on Cancer Control has endorsed the nomination of the Member State as a PMDS.

**Ghana:** A PMDS since 2009, Ghana has received US \$13.5 million in long term loans from OFID and the Arab Bank for Economic Development in Africa, with support from PACT.



## **The Partnership Approach**

Promoting a collaborative effort to address cancer control in PMDSs will expand the ability of PMDSs to confront their cancer crisis. Cooperation with a wide range of partners maintaining various areas of expertise will ensure the best outcomes in planning and implementing cancer control initiatives.

Since 2006, PACT and its partners have facilitated training for over 115 professionals from PMDS countries.

# PACT partners and donors that have been active in PMDSs include:

- Arab Bank for Economic Development in Africa (BADEA)
- International Network for Cancer Treatment and Research (INCTR)
- International Agency for Research on Cancer (IARC)
- Korea Institute of Radiological and Medical Sciences (KIRAMS)
- Korea Nuclear International Cooperation Foundation (KONICOF)
- Monaco, Government of the Principality of
- OPEC Fund for International Development (OFID)
- · Spain, Government of
- Union for International Cancer Control (UICC)
- United Nations Women's Guild Vienna (UNWG)
- United States of America, Government of the
- US National Cancer Institute (NCI)
- World Health Organization (WHO)



"The best weapon to deal with the world cancer crisis is to have a national cancer plan developed in each country."

Franco Cavalli, M.D. Medical Director of the Oncology Institute of Southern Switzerland and past President of the Union for International Cancer Control.



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